Boston University

SCHOOL OF
SOCIAL WORK

LIBRARY
Gift of
Author

Thesis
1943
Veal

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

CHILDREN WHO CANNOT READ:
A STUDY OF THEIR HOME ENVIRONMENT

A Thesis

Submitted by

Maude Thomas Veal

(S.B., Simmons College, 1939)

In Partial Fulfillment of Requirement for

the Degree of Master of Science in Social Service

1943

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK
LIBRARY

School of Social Work
Nov. 1, 1943
612

TABLE OF CONTENTS

Chapter		Page
I	Introductory Statement	1
II	Historical Background	3
III	Definition of Problem	11
IV	Selection of Subjects and Methodology ...	16
V	Presentation of Data	17
VI	Case Studies	33
VII	General Summary and Conclusions	50
VIII	Implications	54
	Bibliography	56
	Appendix	59

612

TABLES

Table		Page
I	Distribution of Children According to Chronological Age	19
II	Distribution of Children According to Intelligence	19
III	Classification of Actual Grade Placement According to Chronological Age and Intelligence Quotient	20
IV	Summary of Problems Referred by Individual Cases	22
V	Summary of Sources of Referrals	22
VI	Parental Condition and Whereabouts of Children with a Reading Disability ..	23
VII	Distribution of Children by Size of Family	25
VIII	Distribution of Children by Ordinal Position	25
IX	Frequency Table Showing Ages of Fathers	27
X	Frequency Table Showing Ages of Mothers	27
XI	Occupational Status of Fathers	29
XII	Economic Condition of Family at Time of Referral	29

CHAPTER I

INTRODUCTORY STATEMENT

The normal or exceptional child who cannot read presents one of the most important and challenging problems of our times. Betts[1] states that the estimate of the incidence of reading disability is from eight to fifteen per cent of the school population. Durrell,[2] in a dissertation based on the study of reading disabilities in the intermediate grades, estimates that twenty-five per cent of the children who could not read had an intelligence quotient above 110; only nine per cent were below 90, and fifteen per cent were of normal intelligence. Eighty per cent of these children of normal or superior intelligence who could not read were retarded in school.

Psychiatrists, psychologists, and educators have theorized, experimented and made some valuable contributions to the field. Social workers have also made their contribution to research in this field, and some have gone so far as to recommend remedial reading as a "tool in social work".[3] A wider

---

[1]Edmund A. Betts, Prevention and Correction of Reading Difficulties, p. 3.

[2]Donald D. Durrell, "Reading Disability in the Intermediate Grades." Unpublished Doctor's Dissertation, Graduate School of Education, Harvard University, 1930.

[3]Catherine Gibletin, "Remedial Reading as a Tool in Social Work," The Delaware State Medical Journal, 13:138-141, June 1941.

recognition on the part of the public of this problem is evidenced by the appearance of various articles on the subject in such magazines as Better Homes and Gardens[4] and Hygeia[5]. Child guidance clinics have become increasingly aware of this problem of reading disabilities for two reasons: first, because a greater number of cases are being referred to the clinics after the children have failed to respond to remedial methods outside of the clinic; second, because behavior disorders are frequently traceable to a reading disability. The clinical study of the child who is handicapped in reading entails a dynamic study of the personality of the child and an inquiry into the influences both social and familial out of which his personality emerges. The study here presented is concerned with a small group of children with reading disabilities who were referred to the child guidance clinics under the Massachusetts State Division of Mental Hygiene. It is an attempt to study the social backgrounds of these children with a view to throwing light on some factors in the child's background which may be contributing to the reading disability.

---

[4]Helen Flemming, "Does Reading Throw Your Child for a Loss?" Better Homes and Gardens, 20:78-81, November, 1941.

[5]Edward M. Soles, "Emotional Factors in Reading Disabilities," Hygeia, 19:940, November, 1941.

CHAPTER II

HISTORICAL BACKGROUND

According to Jastak,[1] reading disability as it is known today was first described about one hundred and fifty years ago when a minor German philosopher wrote about his own futile attempts to learn to read. It was not until the introduction of compulsory school attendance and its strict enforcement that reading disability became a major social issue. Since 1900 educators, psychologists, oculists, optometrists, neurologists, and psychiatrists have made intensive studies of this problem. Between 1900 and 1915 psychiatrists regarded it as just another sign of general mental deficiency.[2] In 1917 Cyril Burt advanced his theory of general emotionality in his treatise on The Unstable Child.[3] However, up until the time of Gray's summary of investigations of reading published in 1922, experimental studies of the emotional aspects of reading were infrequent and usually dealt with interest or motivation. In 1928 Dr. Blanchard stated that "despite all the literature about reading, the relation of reading disabilities to behavior is given little consideration. This is probably because most

---

[1]Joseph Jastak, "Understanding the Non-Reader," Mental Hygiene, 23:235, April, 1939.

[2]Ibid., p. 235.

[3]Cyril Burt, "The Unstable Child," Child Study, 10: 61-79, November, 1917.

of the investigators have concentrated upon studies of a purely psychological or educational nature."[4]

Witty and Kopel explain the diversity of viewpoints underlying the study of reading disabilities as follows: "much experimental study has proceeded on the assumption that the reading process is entirely mechanical; hence that could be analyzed, the component elements separately described, and these then synthesized into a meaningful total activity."[5] The obvious sensory and motor functions were the first historically to receive attention. A good deal of research has been and is still being carried out with regard to the visual perception, eye movements, vision and hearing of children who cannot read. Collectively the data seem to indicate that no one of these factors is of significance as a causative factor. Studies by Gray and Monroe[6] reveal that most reading defects are not primarily caused by inferior visual acuity. It is true that with the correction of the sensory defects the child has improved in reading - the child who can read as well as the

---

[4]Phyllis Blanchard, "Reading Disability in Relation to Maladjustment," Mental Hygiene, 12:775, October, 1928.

[5]Paul Witty and David Kopel, Reading and the Educative Process, p. 206.

[6]See, for example, Wm. S. Gray, "Reading: Its Nature and Development," Supplementary Educational Monograph, Department of Education, University of Chicago, November 4, 1918. Marion Monroe, Children Who Cannot Read.

child who cannot read. Moreover, we must guard against over-simplification for an emotional maladjustment may persist after the defect is corrected. Louise Nelson of the public school system in Seattle, Washington relates the case of a nineteen year old boy in high school who was convinced of his inability to read. The injury to his eyesight at birth had remained undiscovered until he was fourteen years old. He was given glasses and tutored. He continued to maintain an unfavorable attitude towards reading which attitude had become reinforced by continual failure and his mother's constant reminder that her "boys just couldn't read."[7] Often when specific defects are discerned, they are found to be a reflection of the influence of the poor reading rather than a cause or contributory factor to it.

Then there are the investigators who hold that motor deficiencies are related causally to reading disability, e.g. awkwardness of movement, and speech defects. This hypothesis led to the assumption that these children suffer from a dysfunction of the endocrine glands. The concept of congenital word-blindness was introduced in 1877 and, according to Witty and Kopel, has been demonstrated to be invalid by neurologists and psychologists.[8] When we hear the names of Orton and

---

[7]Louise Nelson, "A Medical Problem That Became A Psychological Problem", Mental Hygiene, 15:242-254, April, 1931.

[8]Paul Witty and David Kopel, op. cit., p. 220.

Dearborn, we immediately think of the relationship of left-handedness, left-eyedness, mixed cerebral dominance and the like. At present there is still a great deal of controversy with regard to whether laterality is any more related to poor readers than to good readers. In 1939 Dearborn stated that "despite the recent concensus of contrary findings, the writer still finds evidence to include among those structural conditions which are causative of reading disability, deviations in lateral dominance of hand and eye, especially change of handedness.[9]

Despite the fact that, as McCallister[10] points out, reading is not just an intellectual process but is also accompanied by emotional reactions, the intensity of which varying with individuals and their purposes at the moment, there is considerable controversy with regard to the relative importance of emotional maladjustment in reading disability. "In their attitude towards the relative importance of emotional maladjustment in reading disability, specialists in remedial reading could be found at all steps between the two extremes."[11]

---

[9]Walter F. Dearborn, "Nature and Causation of Disabilities in Reading", Supplementary Educational Monograph, Department of Education, University of Chicago, No. 49, p. 104., November, 1939.

[10]James McCallister, Remedial and Corrective Instruction in Reading, p. 26.

[11]Arthur Gates, "Role of Personality Maladjustment in Reading Disability", Pedagogical Seminary, 59:77, September, 1941.

At one extreme are the educators who insist that reading disability is a problem for education and education alone. The other extreme is represented by the psycho-analysts and psychiatrists who have stressed the emotional angle to the exclusion of educational theory. Among the latter there is considerable disagreement as to whether the maladjustment is a cause, a result, or a concomitant. There seems to be conclusive clinical evidence to the effect that personality or emotional maladjustment is a result of an inability to read. Blanchard classifies the cases studied at the Philadelphia clinic into the following categories:[12] (1) in which compensatory mechanisms are inadequate or lead to socially unacceptable behavior (2) the other in which wholesome compensatory activities are developed and no behavior difficulties are apparent. The behavior deviations are usually mild (day-dreaming, inattention, and the like); even if adequate compensations for feelings of inferiority are found, the educational maladjustment still persists, especially when the child is of superior intelligence.[13] Bronner[14] points out that with the consciousness of failure comes emotional disturbance leading to an undesirable attitude towards the difficult subject

---

[12]Blanchard, op. cit., p. 785.

[13]Ibid., p. 787.

[14]Augusta Bronner, Special Abilities and Disabilities, p. 227.

or towards school in general; or teasing by chums, scolding by teachers, friction at home and anti-social grudges. This leads to a lack of self-confidence and sometimes to excessive mental disturbances. Sherman[15] gives an interesting explanation of the maladjustment arising from failure in reading: an individual who is frustrated in a certain situation but who also knows that he may avoid such a situation may not be affected by his failures. With a reading disability the child is aware that he will not be allowed to abandon the task of learning to read well, and he frequently looks into the future with anxiety and apprehension. The author goes on to say that the emotional disturbances resulting from the failure must be evaluated in two ways: (1) "the failures involve frustration accompanied by emotional disorganization and conflict formation (2) the constant failures of a child decrease the intensity of his motivation to learn in a given situation."[16]

The clinical evidence that we have of emotional attitudes or conditionings as a cause of reading disability is not as conclusive as that for emotional maladjustment as a result of reading disability. Blanchard[17] feels that while reading dis-

---

[15]Mandel Sherman, "Emotional Disturbances and Reading Disability", Supplementary Educational Monograph, Department of Education, University of Chicago, No. 49, p. 137, November, 1939.

[16]Sherman, op. cit., p. 132.

[17]Phyllis Blanchard, "Emotional Attitudes and Educational Disabilities", Mental Hygiene, 13:550-563, July, 1929.

abilities may be caused by many factors, emotional attitude is a predominant factor in the etiology of reading disability, especially from a preventive angle, and it is one that needs to be stressed more. According to Paynter and Blanchard,[18]

> It seems reasonably certain from experiments under controlled laboratory conditions as well as from clinical studies, that emotional conditions especially those associated with the learning situation may cause a special disability for some subject such as reading.

Sherman finds that one of the common problems is a "refusal to improve one's reading ability as a bid for attention and as a mark of differentiation."[19] In some instances children who have had reading difficulties have received a great deal of attention not only from teachers but also from parents. In consequence, failure has become synonymous with personal attention, and as a result, these children may at times unconsciously refuse to improve their reading level.[20] The same author concludes that:[21]

> Whatever therapeutic program is instituted, the initial step must be an evaluation of the emotional pattern of the child, first because no therapeutic plan can be formulated without first reorganizing a child emotionally and second, because consistent motivation for improvement cannot be introduced if the child is distracted by personal problems.

---

[18]Richard Paynter and Phyllis Blanchard, Educational Achievement of Problem Children, p. 62.

[19]Sherman, op. cit., p. 133.

[20]Ibid., p. 134.

[21]Ibid.

In order to evaluate the emotional pattern of a child, it is essential that we take into consideration the child's social background. This latter factor will be discussed in more detail in the following chapter.

CHAPTER III

DEFINITION OF PROBLEM

Within recent years we have come to attach less importance to the objective factors in the home environment and more importance to the dynamic aspects such as, the child's attitudes towards and relationships with his parents and siblings, and his socializing experiences. The child's relationships to his school work, to groups, to adults, and his independence, maturity, initiative and self-confidence are basically determined by his home environment. That parent-child relationships are of prime importance in the social and psychological adjustment of the child is so elementary a principle of dynamic psychiatry as to need few supporting citations from the texts.

The importance of child-parent relationships was given impetus by the child guidance movement which started in 1921, and by 1930 we find such terms as rejection and overprotection beginning to crop out into clinical literature.[1] According to the same author,[2] Aichorn was one of the first to formulate some of the implications of parent-child relationships when he pointed out that in general and within certain limits education would succeed with a child in direct proportion to the love which the child received from his parents. If the child

---

[1] Percival Symonds, The Psychology of Parent-Child Relationships, p. 9.

[2] Ibid.

received too much or too little love, then he became egocentric and reacted to the personal demands in the situation rather than the objective demands of reality. To David Levy, a psychiatrist attached to the Institute of Child Guidance in New York City, belongs the credit for bringing into clear relief the new vocabulary which consists of such words as rejection, overprotection and overindulgence. One of Levy's most intriguing studies is that of the relationship of maternal overprotection to school grades, and he concludes that:[3]

> When an overprotected child goes into the first grade, he has a great advantage in reading, at least a great advantage in verbalization. He succeeds easily therefore in subjects requiring reading facility and verbalizing ability. However, when he strikes a subject like arithmetic, he has no advantage, in fact in some cases, less advantage because he is often free of the usual responsibilities, e.g. going to store on errands ... escaping thereby a number of experiences requiring number concepts ... Generally, in response to overprotection, he takes very badly to a subject in which he is not favored, increases his activity along lines of his facility, and thereby the discrepancy between the reading subjects and mathematics becomes greater. Also, in view of a very close relationship between mother and child, he is freed from contacts with boys of his own age. Since boys are not receptive in the main to adult vocabulary, he can absorb adult vocabulary without the contending influence of the boys' groups.

Blanchard[4] disagreed with this finding of a high correlation between poor vocabulary or poor oral English and reading.

---

[3]David Levy, "Relation of Maternal Overprotection to School Grades," Journal of Orthopsychiatry, 3:32, January, 1933.

[4]Ibid., p. 33.

However, she does find in a great many of her clinical cases general rejection centering about the reading process. A great deal of pressure, criticism, punishment, even nagging has come into the picture in the first two years of a child's school life in connection with reading. The parent may tutor by unfortunate methods which overemphasize feelings of rejection and make the child avoid reading. Judging from some of the direct treatment with children in the Philadelphia clinic, the child who is rejected by his parent has more trouble in making his identification with his father and mother and taking on their traits including reading skill. In a paper entitled Emotional Attitudes and Educational Disabilities, Blanchard describes two cases of arithmetic disability and three cases of reading disability all of which grew out of parental attitudes.[5] Quinn[6] stresses the importance of the home environment when he states that:

> Environmental and emotional factors influence reading. Children who have a feeling of insecurity in the home are frequently poor readers. This insecurity may be due to a divided or broken home, to neglect of parents, to the child's feeling that he is not wanted or is a burden not gracefully accepted. Other children in the home may be more favored than he is. The oversecure child who has been babied and overprotected may not be able to meet the responsibility of reading.

---

[5]Phyllis Blanchard, "Emotional Attitudes and Educational Disabilities," Mental Hygiene, 13:550-563, July, 1929.

[6]Lester H. Quinn, "Reading Problems, Their Causes and Effects," Texas State Medical Journal, 37:429, October, 1941.

In a symposium on learning difficulties held at the tenth anniversary conference of the Bureau of Child Guidance in New York City it was pointed out that the home contains all the pressures and disturbances that lead to personality maladjustment as well as certain specific drives which often seem to affect directly the child's adjustment to school.[7] We know that a child can stand up under any conceivable life experience that is not actually destructive of the organism to the extent that he has emotional and interpretive support from an adult as a parent or parent substitute.

The purpose of this paper then, as stated previously, is to inquire into the significant factors in family relationships and environmental experiences of children who have a reading disability. To this investigator's knowledge only one other study has been made of the relationship of the environment to the problem of reading disability. That one study is the one made by Ladd.[8] Ladd used the Sims Economic Score card in order to measure the socio-economic factors and concluded that the socio-economic status bore little relationship to the reading problem. However, there are many significant environmental factors which influence reading proficiency and which are associated with subtle and interrelated environmental

---

[7]Annette P. Overby, "Home Attitudes Related to Learning Difficulties," The Newsletter, 2:1-5, Winter, 1940.

[8]Margaret Ladd, "Relation of Social Economic and Personality Traits to Reading Ability," Teachers College, Columbia University, 1933.

conditions which are not measured by Sims. It is with such factors that this paper is concerned.

It should be stated at the outset that the home environment is not believed by this investigator to be the only factor which determines a child's adjustment to the situation of learning to read. We are here concerned with the extent to which the home environment was of importance in the cases under consideration. It should be pointed out that most of the children show problem behavior in addition to the reading disability. However, child guidance records are the only source of detailed information about the home environment of the child with particular reference to child-parent, and child-sibling relationships. Furthermore, it is hoped that what is discovered in regard to this group may well be suggestive for larger groups of children with reading disability who are not referred to a child guidance clinic. The findings may also be suggestive to teachers and parents from a preventive angle.

CHAPTER IV

SELECTION OF CASES AND METHODOLOGY

The material upon which this study is based was obtained from the case records on file at the main office of the Child Guidance Clinics under the auspices of the Massachusetts Division of Mental Hygiene. It was rather difficult to obtain the case studies because the majority of the cases were referred for problems other than a reading disability.

Twenty-five cases were chosen. Some of them are closed, and some are still open. The referral dates ranged from July, 1937 up until September, 1942. In the selection of cases the following factors were kept constant: cases in which the intelligence quotient was 90 and above; cases with a complete social history; and cases in which there were no obvious sensory defects.

Each case record contained a report of the social history secured from the parents, of the clinical examinations of the child, and a treatment summary. The clinical examinations include mental, diagnostic, and achievement tests, and a psychiatric interview.

A case study was made of each child. Specific data was obtained relative to the child, the parents, and the family as a whole. With regard to the latter, emphasis was placed on the emotional tone of the home, and the schedule was so arranged as to throw light indirectly on the same.

CHAPTER V

PRESENTATION OF DATA

THE CHILDREN

Sex

Of the twenty-five children studies there were twenty-four boys and one girl. Just to what extent reading disabilities may be attributed to sex differences is a question of considerable controversy. We know that girls at the age of six were approximately a year more mature in anatomical development. There may be a corresponding difference in intelligence tests which is concealed since the tests are standardized on both boys and girls together. A survey of 6,364 children in grades II through VI, representing twenty communities in eleven states revealed that the number of boys retarded in reading doubled that of the girls.[1] During the school years the girl exceeds the average boy in a number of linguistic functions. However, it appears impossible to determine to what extent these differences are inherently connected with sex or to what extent they are due to differences in the social stimulation received by boys and girls.

Age

No attempt was made to control the age factor or the intelligence level above 90. More than three-fourths of the

---

[1]Clara Alden, Helen B. Sullivan and Donald D. Durrell, "Frequency of Reading Disabilities," Education, 62:32-39, September, 1941.

children were less than nine years old. (See Table I) The average age for the group was seven years and eight months.

Intelligence

On the basis of a classification used by Terman for the measurement of intelligence there were fourteen children of average intelligence; six children of superior intelligence; five children of very superior intelligence. (See Table II) The fact that the correlation between the reading tests and intelligence tests is by no means a perfect correlation has already been pointed out. "Even among mental defectives are found occasionally children who have acquired a glib skill in the mechanics of reading even though unable to comprehend much of the content read."[1]

Grade Placement

The actual grade placement ranged from the first grade to the seventh grade. Six of the children were seriously retarded. One of these children seriously retarded was of superior intelligence, and one was of very superior intelligence. One seven year old child was repeating the first grade for the third time, and had an intelligence quotient of 100. This indicates to what extent the reading disability of a child may go unrecognized. (See Table III)

Referral Data

In only seven cases had the child's reading disability

---

[1]Marion Monroe and Bertie Backus, Remedial Reading, p. 19.

TABLE I

DISTRIBUTION OF CHILDREN ACCORDING TO CHRONOLOGICAL AGE*

C.A.	No. of Cases
6	5
7	10
8	4
9	3
10	0
11	1
12	0
13	1
14	1
Total	25

*Age at last birthday

TABLE II

DISTRIBUTION OF CHILDREN ACCORDING TO INTELLIGENCE

Intelligence Level	No. of Cases
90-99	6
100-109	8
110-119	6
120-129	5
Total	25

TABLE III

CLASSIFICATION OF ACTUAL GRADE PLACEMENT
ACCORDING TO CHRONOLOGICAL AGE AND INTELLIGENCE QUOTIENT

Grade	I		II		III		IV		V		VI		VII		
	C.A.	I.Q.	C.A.	I.Q.	C.A.	I.Q.	C.A.	I.Q.	C.A.	I.Q.	C.A.	I.Q.	C.A.	I.Q.	Total
	6:4	118	6:7	122	7:5	128	8:7	102	13:1	115	11:7	91	14:2	100	
	6:8	110	6:11	93	7:10	102	9:11	97							
	6:9	107	7:0	120	8:10	93									
	7:6	101	7:1	111	9:11	95									
	7:11	100	7:2	121											
			7:2	102											
			7:6	105											
			7:9	110											
			8:5	113											
			8:9	122											
			9:1	92											
TOTAL	5		11		4		2		1		1		1		25

been noted. In ten cases the child had been referred for poor school work. In addition to the disability and poor school work there was a variety of behavior problems such as, inattention in school, disturbing behavior in school, enuresis, disobedience, nervousness, and food fads. (See Table IV) We may conclude that a large number of the reading disabilities would have continued to go on unrecognized unless the child had been referred to a habit clinic for a behavior problem. The following are typical of the problems stated at referral:

Case 9. Patient talks in school, Nocturnal enuresis.
Case 13. Food capriciousness, enuresis and disobedience.
Case 14. Tics, compulsion.

Seventeen of the children were referred by the school which is indicative of the growing relationship between the guidance clinic and the school. Five were referred by parents or relatives; three by health and medical agencies. (See Table V)

Parental Condition

Although no attempt was made to control the condition and whereabouts of the parents, all the children with the exception of two were living with both parents. (See Table VI) Two of this number were living with adoptive parents, and one with foster-parents, and one with a mother and step-father. On the basis of these few cases it is evident that conclusions based on the parental conditions alone, for example, a broken home, may be misleading. And the implication is that we shall have to look for more subtle influences which are at work within the

TABLE IV

SUMMARY OF PROBLEMS REFERRED BY INDIVIDUAL CASES

Referral Problems	Case Numbers
Poor School Work	2,4,10,12,13,17,19, 21,24,22
Reading Disability	25,5,6,7,8,15
Disobedience	5,13,18
Food Fads	3,13,20
Inattentive in School	23,11,24
Enuresis	8,13
Disturbing in School	9
Effeminate	1
Tics	14
Nervous	21

TABLE V

SUMMARY OF SOURCE OF REFERRALS

Source of Referral	No. of Cases
Agencies:	
Health and Medical	3
Schools	17
Parents and Relatives	5
Total	25

TABLE VI

PARENTAL CONDITION AND WHEREABOUTS OF THE CHILDREN WITH A READING DISABILITY

Situation	No. of Cases
Child with:	
Both own parents	19
Both Adoptive Parents	2
Mother and step-father	1
Mother Only:	
Father dead	1
Parents separated	1
In Foster Home	1
Total	25

home.

Ordinal Position and Size of Family

Tables VII and VIII give us a statistical picture of the family constellation of these children who cannot read. Out of twenty-five families there were nine families with two siblings, and six with four siblings. There were four families with three siblings. Families of five and eight siblings were represented once. Four families had just one child.

Adler feels that the conditions surrounding the oldest child in a family are most favorable to his social development so long as he is the only child but after a brother or sister is born, his position is more difficult. Sewall[1] found in her study of sibling rivalry that the largest proportion of jealous children were in the two-child families. In this instance it is interesting to note that in our study seven children were the oldest of two-child families. The youngest child is usually expected to be spoiled; the middle sibling is considered to be in an awkward position, the one least favorable to development. In our study two children were middle siblings, and five were the youngest siblings. Thus we can see that 60 per cent of the cases were of children in ordinal positions which by and large are considered as entailing problems of adjustment.

---

[1]Mabel Sewall, "Studies in Sibling Rivalry": Some Causes of Jealousy in Young Children, Smith College Studies of Social Work, September, 1929, Vol. I.

TABLE VII

DISTRIBUTION OF CHILDREN BY SIZE OF FAMILY

Size of Family	No. of Cases
One	4
Two	9
Three	4
Four	6
Five	1
Six	0
Seven	0
Eight	1
Total	25

TABLE VIII

DISTRIBUTION OF CHILDREN BY ORDINAL POSITION

Ordinal Position	No. of Cases
Oldest	8
Middle	2
Youngest	5
Only	4
Twin	1
Other	4
Unknown	1
Total	25

Four of the cases involved only children. A great deal of controversy exists as to the lot of the only child. According to Brooks'[1] studies of American children by authors such as Fenton, Worcester and Hooker show that the only child probably is superior to those having brothers and sisters, and is not more inclined to sadness, nervousness, and the like. One thing is certain, and that is, that if the home environment is an unwholesome one from the point of view of emotional tone, the only child will have to bear the brunt of it and will have no siblings with which to share the repercussions of it.

THE PARENTS

Age

The parents of the twenty-five children were rather mature in age. The fathers' ages ranged from thirty to fifty-four, the average age being 40. The mothers' ages ranged from twenty-six to fifty, the average being thirty-six. (See Table IX and X)

Birthplace

In twenty-one cases (four were not reported) the parents of fourteen of the children were born in the United States. In only six cases was there a possibility that the child might hear a language spoken which would be foreign to the English

---

[1] Ibid., p. 386.

TABLE IX

FREQUENCY TABLE SHOWING AGES OF FATHERS

Age Levels	No. of Cases
30-34	6
35-39	5
40-44	6
45-49	1
50-54	3
Not reported	4
Total	25

TABLE X

FREQUENCY TABLE SHOWING AGES OF MOTHERS

Age Levels	No. of Cases
25-29	5
30-34	7
35-39	2
40-44	5
45-49	2
50-54	1
Not reported	3
Total	25

language. These six cases include four Jewish families, a child of German and Italian parents, and a child of Lithuanian parents. The investigator is inclined to agree that it is not the foreign language spoken in the home which is so handicapping to the young child as it is the illiteracy of the parents.

Education

Monroe and others have found that illiteracy is a contributory factor in the cases of reading disability. However, on the whole, these children were fortunate in their parents educationally. Eleven fathers had completed their high school training. Ten had attended business, art or a technical school. Only three had not finished grammar school. The mothers were almost as equally well educated. In all the cases reported the mothers had finished grammar school; twelve had completed their high school training; and three had attended college or a school or nursing.

Occupational Status

The children in this study were also fortunate in their parents occupationally. All except one father were steadily employed. Their occupations ranged from poultry raiser to a bank comptroller. (See Table XI) Of the two fathers who were not working steadily, one was lazy and drank; the other suffered from ill health and was inclined to be irresponsible. In the two cases where the father was dead and the parents were separated, one mother was doing clerical work and the other mother was a telephone supervisor. Three other mothers were

TABLE XI

OCCUPATIONAL STATUS OF FATHERS

Occupational Status	No. of Cases
Accountant	2
Bank Comptroller	1
Carpenter	2
Elevator Inspector	1
Engineer	1
Gardener	1
Independent Business	2
Industrial Designer	1
Laborer	2
Mechanic	1
Painter	2
Poultry Raiser	1
Salesman	2
Shoe Inspector	1
Teacher	1
Not reported	4
Total	25

TABLE XII

ECONOMIC CONDITION OF FAMILY AT TIME OF REFERRAL

Economic Level*	No. of Cases
Dependent	3
Adequate	10
Comfortable	12

*Def. dependent: lack necessities or aid from public funds or persons outside the family.
adequate: living on earnings but accumulating little or nothing.
comfortable: accumulated resources, ownership of own home or automobile.

employed. One was doing part-time nursing, and two were doing factory work.

Economic Level

The economic level of the home was classified as dependent, adequate, and comfortable. Table XII reveals that only three of the twenty-five families were dependent; ten were adequate, and twelve were comfortable. These economic levels are illustrated in the cases below:

> Case 21. Dependent level. Parents are separated. Father sends $5.00 a week to mother. City sends $7.00. A maternal aunt sends mother $25.00 a month.
>
> Case 8. Adequate. Father is a bank clerk. Family live beyond their means in a shabby small house which was a former lodge on an estate. Mother stresses cultural graces to compensate for a reduced financial situation.
>
> Case 6. Comfortable. Family live in a comfortable old-fashioned house in a country town. They own their own home and an automobile. Father is an industrial designer.

SUMMARY

A review of the preceding material reveals that a child who is typical of this group is a boy of seven years and eight months and of good average intelligence. He is fairly well placed in school but there is a possibility that he may become seriously retarded. He exhibits behavior problems in addition to the reading disability. He is apt to be in a difficult ordinal position as a middle, youngest, oldest or only sibling. His parents are American, rather mature, and he is fortunate in parental education and occupation and family income. The ordinal position of the child will be of dynamic importance to

us in evaluating the emotional tone of the home.

INFLUENCE OF THE HOME BACKGROUND UPON THE CHILD'S ADJUSTMENT TO LEARNING TO READ

The primary purpose of this paper, it will be recalled, is to inquire into the home background of children who cannot read. So far the children and their parents have been considered separately. The family as a whole will now be dealt with, and the emphasis will be placed on the family interrelationships or the emotional tone of the home.

In studying the emotional tone of the home, the factors pointed out in the preceding section of the paper were considered in addition to the following factors: the child's developmental history; his habits; his school history, including his scholarship and attitude towards school; his recreation and companionship; and data concerning the family as a whole, for example, the discipline in the home, the marital relationship, the parent-child relationships, and the sibling-child relationships.

After an analysis of the above items had been made, the cases were then roughly classified into six categories with only the negative or adverse factors being utilized. The investigator realizes such data defies classification into convenient categories. It is hoped that not too much has been lost thereby.

The six categories are as follows:

Group I. Affectionate relationships but some spoiling of the child or some other not wholly desirable situation such as insufficient motivation.

Group II. Apparent indifference of teacher or parents to the child's welfare - often resulting in feelings of insecurity or neglect.

Group III. Apparent hostility of teacher or parents suggested by a derogatory attitude, scoldings or predictions of failure.

Group IV. Apparent anxiety of teacher or parents suggested by constant inquiry or supervision or excitement.

Group V. Persistence of emotional tensions arising from sibling rivalry, marital discord or emotional maladjustment of mother, inconsistent discipline, unfavorable comparisons with other children, and illegitimacy.

Group VI. Apparent overprotection, as suggested by:

a. Excessive contact of mother with child - sleeps with him, tries to keep him within sight, fondles him unduly.
b. Prolongation of infantile care - breast-fed or bottle-fed for an unduly long period - dressing and bathing child when he can do so himself.
c. Prevention of development of independent behavior - fights battles for child - defends him from criticism.
d. Lack or excess of maternal control - overindulges child with regard to privileges and possessions, waits on child, lets him upset home routine or insists on complete obedience so that the infantile traits are overintensified.

During the process of accumulating this data, it became apparent that in the majority of cases the child's disability was in response to a complexity of factors rather than to any single factor. Where there was a complexity of factors, an attempt was made to classify the case according to the most outstanding adverse factor in so far as was possible.

CHAPTER VI

CASE STUDIES

Group I. Affectionate relationships but some spoiling of the child or some other not wholly desirable situation such as insufficient motivation.

Case 1

Walter is a nine year old boy, an only child of adoptive parents. He has an intelligence quotient of 97 but has never been able to read. At school he is overanxious to please but cannot concentrate. He attends Sunday School and intends to read the Bible all the way through. He is very sociable with adults but is a misfit socially with children whom he complains of pushing him around. He always plays with girls especially one who is very dull. Walter has been spoiled by the paternal grandmother and by father who idolizes him and considers him an easy child to rear. Walter, who is an illegitimate child asks where he came from but has not been told the answer by his adoptive parents who lost three babies who were premature. Father does not feel that Walter's problems are serious, and mother feels that he will outgrow them.

Case 2

John is a six year old boy, the oldest of three children. He has an intelligence quotient of 93. He can amuse himself, loves to build and shows unusual concentration on projects. He is not at all interested in books and does not see the need for reading. Father, 34, who is more like another child in the family, went through the same school as John and went through slowly. He attended Wentworth and is now teaching physical education in the public schools much to the amazement of his former grade teachers. He identifies with John's slowness, pokes fun at mother and minimizes John's reading disability. The school also identifies John's slowness with that of his father. Mother, who idolizes father, was disinterested in tutoring. John sets himself up as the disciplinarian in the family and in addition to refusing to see the need for reading, refuses to attend Sunday School because he does not know the teacher.

Case 3

Ralph is a seven year old boy, a middle sibling, who lives with his mother. He has an intelligence quotient of 100 and is repeating the first grade for the third time. He likes school and shows no great demands for attention. Ralph has been biting his nails since he received a trial promotion, and he also has somatic complaints. His mother has been separated for three years from father, who is worthless and easily led. Ralph lived with his maternal grandfather, maternal uncle, aunt and cousin from the time he was eighteen months old until he was seven years old. (parents had separated previously) Ralph received a good deal of attention from these adults. He is devoted to his mother and misses his father whom he also loves very much.

Group II. Apparent indifference of teacher or parents to the child's welfare - often resulting in feelings of insecurity or neglect.

Case 4

William is a nine year old boy who lives with both parents and is next to the youngest of four siblings. He has an intelligence quotient of 95 and is in the third grade. At school he daydreams and slumps in his chair. He feels inferior because of his inability to read and claims the children call him "dumb and crazy". Father, a mechanic, is rather strict and straps the boys occasionally. He does not feel that William's problems are serious. William's sisters tease him a good deal, and he lets his brother, who is seven, boss him. Mother does part-time nursing and allows the oldest girl to supervise William. William is more demonstrative than the other siblings, more dependent on his mother than the others, and he misses her very much when she is working. He needs security and affection.

Case 5

Leonard is a seven year old, the oldest of two boys, living with both parents. He has an intelligence quotient of 105 and is in the second grade. His parents are Jewish, the mother having been born in Russia, and the father, in Poland. Maternal grandparents speak

Jewish, and Leonard understands it. He was born nine months after parents' marriage. Mother says she would have liked to have waited a little longer. Leonard has had no toilet training. He wets the bed every night and soiled himself up until a few months ago. In school he demands attention and molests the children. Mother threatens Leonard but seldom carries the threats. She punishes him chiefly for enuresis and wandering off. Mother is not a citizen. She used to work in a factory and rather misses the work now although she says she enjoys home life. She is too easy-going, is not demonstrative with Leonard and shows no insight into his reading problem. Her attitude is one of indifference.

Case 6

Melvin is a nine year old with an intelligence quotient of 92 and who says, "I can't read". His developmental history is normal but he still wets the bed, sucks his thumb and bites his nails. Melvin repeated the first grade but mother doesn't know why he had to repeat, and she has guilt feelings about the fact that his reading disability has gone unrecognized for such a long time. When he was in the third grade, he was in the same room with his brother, Robert, who is eight years old. Everyone was fond of Robert; Melvin is more reserved. Melvin's teacher never asks him to read; she always gives him something else to do. There are eight siblings but no evidence of sibling rivalry. When Melvin attends the movies, he takes Robert with him so that the former can read to him. Father, who is a fisherman, is home for just one day a week, and mother is consequently overwhelmed with her family responsibilities.

Group III. Apparent hostility of teacher or parents suggested by a derogatory attitude, scoldings or predictions of failure.

Case 7

Phillip is a seven year old, the older of two boys, the first grandchild, and is living with both parents. He has an intelligence quotient of 102 and is in the third grade. He has made a fair social adjustment but a very poor academic record in school. In grades I and II he received constant help from his mother and teachers. At present he is resentful of the fact that he has to take first grade reading. He says his teacher

is crabby and that the work is too hard. Every night he cries when his mother insists on tutoring him from seven until nine. He feels that the teacher makes him read too fast, and he will not read at all if that is the way she is going to act. Father, a graduate of Boston University, is an accountant in an insurance company. His work is exacting, and he comes home very tired. Mother and father are congenial, enjoy the same friends, and work hard for their home. However, father becomes very impatient with patient's slowness. He is disappointed in Phillip's progress and does not fail to let him know it. Mother thinks father is jealous of the fact that she takes up for Phillip. Although Phillip says he is "mummy's boy", he thinks his parents are both unfair and allow him too little freedom. He has to cut grass in the summer, shovel snow in the winter and come in at five o'clock. He gives a verbal tirade against his father who becomes fed up with his chattering, who slaps him, slaps mother, and shows decided partiality to Phillip's sister, Judith. Phillip threatened to report his father to the police. He belongs to a gang, is constantly referring to his being tough and wants to be a policeman.

Case 8

Howard is an eight year old middle sibling who lives with his mother who is separated from father. Howard has an intelligence quotient of 113 and he is now in the second grade. He claims he has been to ten different schools. His first year in school he lost six weeks because of a tonsillectomy and got discouraged. He had to repeat. His next teacher was very severe. Mother has complained to the teacher of his behavior at home, and the teacher sends home conduct marks daily. He daydreams and fools a lot in school, says he likes reading best but admits that he doesn't do so well in it. Father, 31, never went beyond the fourth grade. Mother was very upset when she learned of his limited education and she identifies Howard's retardation with that of his father. Father is also a drunkard and members of his family are neurotic. This has also caused mother to be over-emotional with regard to Howard's problems. Mother and two siblings formerly lived with maternal relatives after parents separated. The maternal relatives were constantly identifying Howard with his father. Maternal grandmother would say, "He is just like his father.".

Case 9

This case is interesting because the mother's hostility is simply one factor in a home which is full of destructive factors.

Steven is a six year only child who lives with both of his parents. He has an intelligence quotient of 118 and is in the first grade. He insists that he is a good reader. His developmental history has been quite normal. He had enuresis until he was three years old, and he sucks his thumb and the collar of his blouse. He is considered smart, is hyperactive, and gets attention by showing off. Steven attended kindergarten but did not like it as well as the first grade. His first cousin, who is six months older, is in the same school in the second grade. Steven is constantly compared unfavorably to his cousin by his mother. Mother tutors Steven and becomes so impatient with him that she loses her temper and hits him when he does not know a word. She thinks perhaps he is dull, is humiliated by his inability to read, and makes a general nuisance of herself as far as the teachers are concerned. Mother admits that she prefers girls. She is disappointed in Steven, wants to know if he is normal and reveals that she is fearful of having another child like Steven. Steven never takes responsibility for anything, is argumentative and always blaming his environment. Father is an accountant and is discouraged about his son's behavior. He blames mother. Mother's maladjustment goes back to her early history. Maternal grandmother had a stroke when mother was ten months old. Latter was raised by a maternal aunt about whom mother now has guilty feelings because she and the aunt had some misunderstanding before the latter died. Mother has an inferiority complex, is easily hurt, nags, labels herself neurotic, is pessimistic, rather paranoid, self-accusatory, perfectionist, and burdened all out of proportion to the cause. Although she says she adores father, she rebels against femininity and insists that sex nauseates her. She resisted treatment.

Case 10

Walter C. is a ten year old boy of German and Italian parents. He is the older of two siblings; his sister is five years old. Walter has an intelligence quotient of 111 and is in the second grade. He

entered the first grade at a parochial school at the age of five. He was promoted and then was punished for some misdeed by being demoted. Walter shook with fright, and mother was simply mortified. The first grade teacher felt that Walter was normally bright. However, mother feared that he was sub-normal. In class he is a daydreamer, obedient, polite and punctual. The second grade teacher, who is a rather elderly person, finds Walter inattentive and just impossible to handle. Mother who left the second year of high school because she did not like her teacher, nags Walter and compares him unfavorably with his cousin who is held up to him.

Case 11

Louis is a six year old boy, the older of two children living with both their parents. Louis has an intelligence quotient of 110 and is now repeating the first grade. He is inattentive in school, and mother wonders if he is normal. He has had several different teachers. His last year's teacher stated that Louis was defiant, negativistic, slow, deliberately annoying, a tattle-tale and generally disliked. His present teacher feels that he is a problem because his "mind is a blank". Mother is antagonistic and resented his failure to get promoted. Her school visits always come at an inopportune time. Mother told Louis that no one likes a dumbbell and that if he worked hard enough, he might be able to skip grade II and go into grade III. Mother also compares him unfavorably to his cousin who is in the second grade. Louis is stubborn, unhappy, feels unloved, and that it is of no use. He worries if his parents are ill. Mother claims that he is "spiteful". When she tells him something is not so, he becomes defensive, and she objects to this. Lately he has become very sensitive to criticism and cries very easily. Mother feels that he has become less obedient and harder to manage since he started to school last fall. She is mortified because he cannot even write his name. Mother talks about her son as if he were something distasteful. She shows no sympathy, is over-ambitious for him but does not praise him at all when he does well. A paternal uncle who lives with the family calls Louis a "dope". Mother, 30, had to leave school when she was in the ninth grade because of maternal grandfather's death. She clerked for a while and then married father, an unorthodox Jew, against the wishes of her family. Mother has never been very Orthodox but feels guilty about not observing the food

laws. Louis' parents usually agree with regard to disciplining him although father feels that mother could overlook some things. He is very afraid of the strap which is used on him at times. Mother doesn't know whether he is revengeful or just forgetful. One of his parents is after him all the time. When they do relax their punishment, Louis doesn't know how to react and is impudent. Elaine, three and a half years, is pretty, precocious and resembles her mother. Louis asks his parents if they still love him.

Group IV. Apparent anxiety of teacher or parents suggested by constant inquiry or supervision or excitement.

Case 12

Dana is a very interesting seven year old twin. He is the smaller of the two but tries to compensate for this difference in size by being the more spectacular and more active and aggressive of the two. The twins, a ten year old brother and their parents comprise the family group. Dana attended kindergarten at Wellesley College, and he was a behavior problem in the classroom. At present he is inattentive in school. He is not self-conscious but mother insists that he feels inferior because of his size. Father, a bank comptroller, is easy-going and wants peace. He expresses a dislike for mother's hyperactivity and pressure on Dana. Mother was raised in a family that had considerable financial security but a great deal of discord. She married against the wishes of her parents and impresses one as being a social climber. She feels that Dick, IO, is clever and is a very fine reader. She seems to look on the twins as a sort of "garden variety". Mother is over-insistent on her point of view and nags constantly. She is over-solicitous and analytical of the twins and tries to smooth out all the bumps so to speak for the twins. Since she carries prevention to the nth degree, it was felt that further clinic attendance would be harmful for Dana.

Case 13

Ralph is a thirteen year old boy with an intelligence quotient of 115 and a fifth grade placement. He disliked school intensely at first and had to repeat grades I and II. Now he is indifferent with regard to school. He has never been a disciplinary

problem but always a reading problem. His father, who drinks and plays pool and pretty much ignores Ralph, ridicules him. Everyone including the neighbors discuss the reading problem. His sister's girlfriend tutored him for a while; he seemed to enjoy this attention. His sister, who is twenty-one, pets him, and he loves to be babied. The family also bribe him, and promised him a bicycle if he would learn to read. He takes lessons in Lithuanian weekly and has to submit to strict religious discipline. He knows that he is intelligent, is inflexible and feels that no one can solve his problem. He began flirting with the fifth grade teacher.

Group V. Persistent emotional tensions arising from sibling rivalry, marital discord or emotional maladjustment on part of mother, inconsistent discipline, unfavorable comparison with other children and illegitimacy.

Case 14

Richard is a child of superior intelligence (122). He is in the second grade. He entered nursery school at the age of two and a half because his mother could not handle him. He is not interested in school, pesters the children, daydreams and never finishes his work. Father, a graduate of Technology, is rather phlegmatic and is not concerned about Richard's difficulty. Mother, a physical education instructor, who claims she got married because she was unable to get regular work, magnifies her troubles and is quite perturbed about Richard's disability. Father sees him only on Sundays at which time he is a model child according to mother. Father insists that Richard demand his rights and so Richard buys his way. Mother also feels that maternal grandmother undermines her authority. All the responsibility for disciplining is on mother, and nothing seems to work with Richard. Richard likes to be punished as his baby brother two years old is punished. He likes to have his hands slapped. Richard for a time was the first and only grandchild. At present he is very jealous of his brother, threatens and frightens him.

Case 15

John N. is an only child of adoptive parents. He has an intelligence quotient of 107 and is in the first grade. He knows he is adopted and asks, "Where did I grow and why didn't she keep me?" He is an illegitimate child. His own mother and father were in college at the time of his birth. Mother did not want to spoil father's career so they did not marry until later and had another child of their own. John's adoptive father is a graduate of Cambridge Latin and Harvard. He is nervous and highstrung and feels that John has restricted their activities considerably. Mother formerly taught gymnastics and drama. She has all the airs of a society woman and stresses cultural and social graces in order to compensate for a reduced financial situation. John gets very excited when mother visits the school, and teacher feels that his father bellows at him. Mother also tries to get John to have extra good manners. He, in turn, tries to get attention by being antagonistic. He hobnobs with the servants much to mother's distress and feels very self-conscious in her social group. Mother spanks John occasionally. Father defers to her. John laughed at his father's spankings. The latter's behavior seems to arouse resistance in John, and mother tries to smooth things out. Both parents bribe him with gifts. They seem to regard him as a toy and appear to be a little afraid of him. Mother is very inconsistent in that one minute she treats John as an adult and the next minute she treats him as a child. She is very defensive about his shortcomings and claims that she and father are of deteriorated Yankee stock and could never have produced such a son as John.

Case 16

Dorothy is eight years old, has an intelligence quotient of 93 and is in the third grade. Dorothy is an illegitimate child and lives with the foster-mother who raised her own mother (Dorothy's own mother). The family also consists of a foster-father, a foster-sibling and an illegitimate half-sister whose presence Dorothy resents because she is a pest. Living outside of this home are Dorothy's mother, two sisters and two half-sisters. They all visit Dorothy, and needless to say, she is very much confused by this family constellation. Mother, a psychopath and a sex delinquent has placed all of her children in foster-homes and refuses to have them adopted. Dorothy's father was killed by gangsters but she is unaware of this. In the first grade Dorothy had a hard time completing her work and

had to repeat the year's work. She showed tremendous resistance to the teacher who "drove" her home in a hysterical condition every day. In the second grade she was inattentive, nervous and stubborn and received lots of attention from both pupils and the teachers because of her bad reputation. She is now in the third grade and likes her teacher. She does her work at home and often pretends that she is teaching. At home school work is almost an obsession. When she is kept after school, she does very well. She is never anxious to finish her work and go home and says, "I haven't any friends. I'd rather stay here." She says she has brothers and sisters in school. She gives the children cookies yet hits them. At the beginning of the year the pupils noticed an improvement in her behavior and commented on it which caused her to go into a rage. She has a decided phantasy life and plays many parts. She has no social group because of the many homes and neighborhoods she has lived in. She has become more affectionate since the arrival of her half-sister into the home, and she looks unhappy. Foster-mother raised Dorothy's mother from the time she was twelve years old, and she doesn't want to repeat the same mistakes with Dorothy that she made with Dorothy's mother. Consequently she has become conscientious to the extent of reading up on child care. She is over-solicitous and emotional about Dorothy. Foster-mother feels she was too strict with her own son, who is now 19, and she has become entirely too lax with Dorothy. She never speaks sharply to her, and insists that she never had any trouble with her until she went to school.

Case 17

Adelbert is an eleven year old child with an intelligence quotient of 91, and he is in the fourth grade. He has a five year old brother and lives with both of his parents. The father is Italian, and mother is German. The marriage was opposed. Adelbert's birth was normal but it was preceded by four months' vomiting. Adelbert has minor neurotic habits such as biting his lip until it bleeds, and hand twitching. His first week in school he got lost on the way home after being kept after school. Mother had some conflict with the teacher. Adelbert likes his present teacher but is fearful of failing. Father had to leave school when the paternal grandfather died. He gave up studying and working too and now works all hours as a "trouble man". His ambition is to be an engineer but mother claims he hasn't enough confidence

in himself. Maternal grandfather was a woodcarver and earned $10,000 a year but lived very simply. According to mother he was very stingy, and she was always in conflict with him with regard to clothes and the like. She left home and married against the will of her father; he has never given her a cent. She feels that she and father have had a hard time but she does not regret their marriage. However, she does regret having left school. Mother feels that father's friends are inferior to hers. Adelbert has caused considerable financial strain and has been whiney and fussy. Father gets irritated with Adelbert's twitching. Adelbert is very jealous of his baby brother who is normal and happy and with hom the parents have a more satisfying relationship.

Case 18

Michael is an eight year old boy with an intelligence quotient of 122. He is in an ungraded class. Mother was four months pregnant when father died. Mother met father while she was a nurse at a Long Island Hospital. Father was a heart patient there at the time. He was Irish; mother is Italian. Only mother's sisters know about Michael, and mother had strong feelings of guilt about raising Michael without a father. Three years ago mother married an Italian who was to have adopted Michael. However, mother and step-father are constantly quarrelling about Michael. Mother works as a stitcher; father is lazy and shiftless. Maternal aunt feels that mother would have less trouble with Michael if she would stay at home and supervise his activities. Michael was bottle-fed and was not weaned until he was two years old. He sleeps until midnight at which time he arises for a little snack. Up until the time he was three years old he had never fed himself because mother said he was too messy. He cannot amuse himself, likes to help around the house and is very jealous of his mother's attention to other children. Mother thinks he does things to annoy her. She calls him a "fresh kid" for he swears and notices too much. He often asks about his father. Mother tried to place him in the nursery school because she could not handle him. He was always untidily dressed, was soiled and wet, and had bad colds. Mother was uncooperative so the school would not tolerate him. The school felt that mother was the problem. At his present school he was placed in an ungraded class because he is a disciplinary problem. The teacher was also considering sending him to a school for the mentally deficient. Mother did not

want to send him there and so came to clinic for help. Michael was called dumb and silly by his teacher. Michael has been punished by every relative in his family and with whom he has lived. Last summer he was severely beaten by his uncle. Mother threatens too much and gives in for the sake of peace. She feels that she has never given her son a fair chance, and she cannot bear to have anyone say a cross word to him.

Group VI. Apparent Overprotection.

Case 19

Richard is the youngest of four children who live with both parents. He is eight years old and has an intelligence quotient of 102. He is now in the fourth grade. His pre-natal and developmental history are normal. However, he hates to retire, is food capricious and never enjoys a meal. He sucks his thumb and is ashamed of the fact. If forced to do something, he will get nervous and vomit. Richard had to repeat grades one and two. He did not like his teacher. The principal in his present school feels that he has no ambition and a mother-complex. He is obedient but indifferent and complaining. He is very much disturbed by mother's school visits. She blames the teachers although she admits that Richard is spoiled and fools and does only what he likes to do in class. Richard is very depressed and discouraged. "Just hates school - I don't know why". Father, 54, is a shoe inspector and is constantly on the move. Mother, 45, is shy and ill-at-ease. She does not regard education as especially important. The other siblings are 22, 20, and 15. Richard is also shy and is pampered by mother and siblings. He was such a cute and pretty baby. He just loves to be waited on and invites solicitude from mother. He really enjoys being the "baby". Richard receives no corporal punishment, and until recently his siblings took his part. He has had no training in concentration and unpleasant tasks. Mother is unable to see any correlation of Richard's immaturity with this school adjustment.

Case 20

Marsh is a seven year old with an intelligence quotient of 120 who is repeating the second grade. He is next to the youngest of four siblings who live with both parents. Mother nursed him ten months. He refuses to eat meat. Mother reads to him one-half

hour every night. He wants to be the center of attention at home. He attended kindergarten but did not like it and so was allowed to stop going and to play by himself in the yard which he much preferred. When he entered the first grade, he found reading hard and was shocked by the difficulty of it. He also did not understand having to share the attention of adults. He cut his leg, had to stay out of school and had to make up his work. Teacher kept him after school; he cried, screamed and collapsed. This fall mother tutored him but finally gave up. He has friends his own age. If he cannot be leader, he sulks. He prefers the company of his parents. Marsh is jealous of his four year old brother who has usurped his place as the only grandson, and he resents the fact that mother treats the two boys so much alike with regard to retiring and the like. Father, 43, an industrial designer, does not take Marsh's problems seriously. Mother does show some insight into his immaturity.

Case 21

Robert C. is also one of four. He is the youngest sibling, 7. His intelligence quotient is 110, and he is in the second grade. In addition to reading disability Robert has nocturnal enuresis and is food capricious. He demands attention at the table and demands chicken soup. Mother lets him have what he wants to eat. When Robert first attended school, he cried and objected to going. He will not mix with other children, and the teacher feels that he is mean and yellow. He felt badly because he didn't receive any valentines but he didn't send any out himself. He is rather solitary and plays with his sister or gathers would with an older cousin. Until this year mother had never allowed him to play out in the snow. He refuses to attend Sunday School because he cannot read. Last summer he attended camp but was very unhappy there. Mother, born in England, is seclusive and shy and identifies with Robert's shyness. Father has had illicit affairs. Robert asks mother why she married father, he used to wake and scream when father hit mother. He and mother are devoted to each other. The older siblings tease, pet and exploit Robert, and he has become very jealous of his younger sister.

Case 22

Thomas is seven years old and in the first grade. He has an intelligence quotient of 121. He is the baby of four siblings. Thomas attended kindergarten and was very unhappy. He often cried if he could not fold the paper correctly. He was attentive and obedient but hypersensitive. He is slow even in conduct, for instance, in rising before speaking to the teacher. He is afraid of making mistakes an gives up very easily. Two months ago he wet himself and was sent home after cleaning up the floor. He has many friends but seems to enjoy playing alone. He talks with many imaginary friends. He is an incessant talker and always wants someone to finish what he started. He is very fussy with regard to his clothing. He has to have them on just right or he cannot sit still. He often insists that mother wash him after he has gone to the bathroom. He has to change his clothes if wet or dirty. Mother is easy and slow like Thomas. Father says she is a "kid with the kids". She sews all the children's clothes. She helps Thomas with buttoning his clothes and lacing his shoes, things he should be doing for himself. He is given no regular chores and is seldom sent on an errand. Mother is not strict enough and is criticized by paternal grandmother who nags the children.

Case 23

Kenneth is a fourteen year old boy with an intelligence quotient of 100. He is in the seventh grade. His father is dead, and he lives with his mother and maternal grandparents and two sisters. Father, who was irresponsible and nervous, deserted family when Kenneth was only two weeks old. Kenneth's toilet training was not established until he was three or four years old. He has always been dependent, and maternal grandmother has always waited on him. He was very shy when he first attended kindergarten and the first grade. His present teacher seems to feel that he considers himself inferior. He blushes when called on. He is very sensitive about girls and broke friends with a boy because of a girl. He is very affectionate and prefers maternal grandfather. He will even kiss him. Kenneth worries a good deal about the family problems maternal grandmother reveals to him. He objects strongly to mother's boyfriend. Mother, who does clerical work, feels that she is a burden to her family. She failed to complete her college education in order to marry father who turned out

to be a failure. She fears the children may inherit undesirable paternal traits.

Case 24

Eugene is seven years old, is in the first grade and has an intelligence quotient of 101. He is the baby of two children who reside with both parents. Mother, who is 50, remarried twenty years after her first husband's death. Eugene was a healthy baby but he was not allowed to be on the floor until he was fourteen months old. Mother rocked him to sleep until she had a thyroidectomy. He still likes to be rocked at times and climbed into his mother's lap at clinic. He also has temper tantrums. At home he is kind to pets and good-natured. At school he is anti-social for he trips children and torments them. He has taken money from the teacher and the pupils. Once he stole $1.50 from the teacher's desk and shared it with his older brother, his chums, and the Catholic Church. Mother has always been on the defensive with regard to his school work. He did not like kindergarten. Mother felt that he did not like the first grade because he did not have enough freedom. In kindergarten he could run to the window whenever he heard fire engines. Mother helps with the reading at home but does not force him. Mother admits spoiling and defending her children. Eugene is never spanked just scolded. He has no household chores and never does errands because his brother, 9, can do them. Mother has ambivalent feelings with regard to the reading disability. On one hand she says she feels he will outgrow it. On the other hand, she expresses a fear that he is mentally retarded. Before her second marriage she worked in an institution for feeble-minded children.

Case 25

Vergil is a seven year old boy of superior intelligence placed in the third grade. He is the older of two children; his sister is seven months old. Both parents are living and are together. In addition to a reading disability Vergil is fussy about his food. He dislikes some vegetables, fruits and chicken. Mother coaxed and punished him. Mother kept him to herself until he went to school. At school he is restless, talks out loud in order to get attention, and tries to be a "tough egg". He is "too wise", and teacher feels that he is pampered. He is bossy in his play and prefers to be with himself or with his dog. There is

a boys' club in the neighborhood which mother will not let him attend because she feels it is too far away. Vergil was sent to camp. They sent back a good report on his behavior but he said that he did not like camp.

SUMMARY

Of the twenty-five cases studied not one was found in which the home environment might be termed as one in which the child felt very secure and was able to be independent. Three cases were found in which there were affectionate relationships but there was some spoiling of the child or some other undesirable situation such as insufficient motivation. The distribution of the remaining cases was as follows: under group II, apparent indifference of teacher or parents to the child's welfare, there were three cases; under group III, apparent hostility of teacher or parents, there were five cases; under group IV, apparent anxiety of teacher or parents, there were two cases; under group V, persistence of emotional tensions arising from sibling rivalry, marital discord and the like, there were five cases; under group VI, apparent overprotection, there were seven cases. This distribution reveals that the predominating adverse factors were hostility on the part of the teacher or parents, overprotection of the child, and emotional tensions resulting from inconsistent discipline, sibling rivalry, and unfavorable comparisons with other children. Essentially, the child was either overdependent, overprotected or felt discriminated against.

The findings presented here are, of course, open to criticism inasmuch as they are based on the statements of parents, teachers, and children rather than objective statements.

CHAPTER VII

GENERAL SUMMARY AND CONCLUSIONS

This study was undertaken in an effort to examine the home environment of children who cannot read and with a view to throwing light on some factors in the home which may be contributing to the failure of the child to learn to read. The investigation, therefore, is not a marshalling of facts accurately determined by statistical methods but an evaluation of qualitative and elusive material. Although this experiential data does not lend itself readily to quantitative methodology, nevertheless, contributions to our knowledge in this area seem well worthwhile. The investigator is aware of the limitations of the conclusiveness and the absolute validity of the data revealed by this study inasmuch as a relatively small number of cases were studied. Another limitation lies in the fact that these twenty-five cases represent a rather highly selected group inasmuch as fifteen of the cases were referred for behavior problems, such as, enuresis, food fads, and disobedience.

The study was carried on by actual case studies of twenty-five children who were referred to the child guidance clinics under the auspices of the Massachusetts Division of Mental Hygiene between July, 1937 and September, 1942. The cases were limited to those of children with an intelligence quotient of 90 and above, "full history" cases, and to those of children with no obvious sensory defect. No attempt was made to control

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK
LIBRARY

the age factor. However, fortuitous circumstances resulted in a group of children who were rather young, the average age being seven years and eight months. This facilitated our observation of the initial factors and eliminated, to some extent, the factors which may be resultant.

The case records were analyzed, and specific data concerning the child and the parents were abstracted. An attempt was made to study each factor from the point of view of what bearing it might have on the child's reading disability.

In order to evaluate the emotional of the home, evidence was solicited on the child's developmental history, habits, school history, play and companionship; discipline, marital relationship, parent-child relationship, and sibling-child relationship. After making an item analysis of this data, the cases were then classified according to the prevailing emotional tone of the home, with only the negative or adverse factors being utilized.

An analysis of the fairly objective data concerning the children and their parents revealed no clear evidence of factors that might be significant as determinants to the child's learning to read. The analysis of the ordinal position of the child is interesting but the cases are too few to warrant any conclusions. The children were of good average or superior intelligence. All, with the exception of two, were living with both parents who were rather mature in age, native Americans in a large majority of the cases, fairly well educated and

economically secure. In the majority of the cases, the mother stayed in the home to supervise the child.

Although the preceding factors relative to the home background of the children were favorable for the child's development, a closer examination revealed that there were many adverse factors with regard to the emotional tone of the home which might have a direct bearing on the child's reading disability. The six-fold classification of the emotional tone of the home led to the conclusion that the children, for the most part, were essentially overprotected, overdependent, or felt discriminated against.

The inferences best supported by the data are as follows:

1. The child who is overdependent or overprotected may be unable to meet the responsibility of learning to read, which process calls for a certain amount of independence, maturity, initiative, self-confidence, and discipline in undertaking tasks, both pleasant and unpleasant.

2. The child who feels discriminated against as a result of hostility or nagging on the part of the teacher or parent, and as a result of unfavorable comparisons with his siblings or other children may feel no incentive to look forward to learning to read and to desire success, or he may react out of resentment or revenge and refuse to read, or he may use the reading disability as an attention-getting mechanism.

The first inference enables us to see some of the initial factors which may be at work in the child's disability. The second inference enables us to see factors which may serve either to block the child's attempts to overcome the difficulty or may further aggravate the child's difficulty.

It is true that few children have environmental experiences which are favorable in every way. On the other hand, it is highly probable that the unfavorable experiences revealed in this study have a vital bearing on the reading ability of some children.

It is not within the scope of this paper to determine which factors were predisposing factors and which were resultant. Such an undertaking would call for a more detailed reconstruction of the child's early progress.

CHAPTER VIII

IMPLICATIONS

Even though a great deal of the problem of reading disability lies outside of the field of social case work, there are certain implications for social case work to be drawn from this study. It is apparent that the adverse factors in the home background stem from the adverse parental attitudes. It is by clinical studies that these handicapping relationships are revealed, and the social worker is in a position to attack in the parents the overindulgence of or the discrimination against the child. The social worker is also skilled in contacting and cooperating with other agencies or persons interested in the child's welfare. In some agencies she has the added advantage of the assistance and advice from psychiatrists and psychologists on the staff. The social worker who can establish good rapport with the child might undertake tutoring as did some of the student workers in the child guidance clinics this year. The greatest obstacle in treatment in many cases has been the lack of cooperation of the parents (which may well apply to almost any problem case). Much of this is due to their not understanding the dynamics of the child's failure to learn to read. Many teachers do not realize the importance of the family interrelationships because, in many instances, they have not had the opportunity to become acquainted with such. The teacher is in a position to partially supply security to the child and to discover for

him other satisfactions in school. It would seem then that it is part of the social case worker's professional responsibility to interpret these factors to the parents, to the teachers, and to the public at large since the problem is one which bewilders many other professions and the lay public.

A great deal of success and progress has been experienced in the teaching of the mechanics of reading to children with a reading disability. More of our attention should now be directed towards the means of prevention. The clinical records, such as the ones utilized in this study should be of considerable value from the point of view of prevention as well as of remedy.

Approved,

Richard K. Conant

Dean

BIBLIOGRAPHY

PREPARED BIBLIOGRAPHIES

1. Betts, Edmund, Bibliography on Problems Related to Analysis, Prevention and Correction of Reading Difficulties, Meadville, Penn., Keystone View Co., 1935.
2. Gray, William S., "Summary of Investigations Leading to Reading," Chicago, University of Chicago, Supplementary Educational Monograph, No. 28, 1925.
3. William S. Gray and Arthur I. Gates, "Literature from July, 1931 to July, 1934 on Reading," Review of Educational Research, 5:54-69, 1935.

BOOKS

1. Betts, Edmund, Prevention and Correction of Reading Difficulties, New York: Row, Peterson and Company, 1936.
2. Bronner, Augusta, Special Abilities and Disabilities, Boston: Little Brown and Company, 1917.
3. Brooks, Fowler, Child Psychology, New York: Houghton and Mifflin Company, 1937.
4. McCallister, James, Remedial and Corrective Instruction in Reading, New York: D. Appleton-Century Company, 1936.
5. Monroe, Marion, Children Who Cannot Read, Chicago, University of Chicago Press, 1932.
6. Marion Monroe and Bertie Backus, Remedial Reading, New York: Houghton and Mifflin Company, 1937.
7. Richard Paynter and Phyllis Blanchard, Educational Achievement of Problem Children, New York: The Commonwealth Fund, 1929.
8. Symonds, Percival, Psychology of Parent-Child Relationships, New York: D. Appleton-Century Company, 1939.
9. Paul Witty and David Kopel, Reading and the Educative Process, Boston: Ginn and Company, 1939.

PERIODICAL AND UNPUBLISHED LITERATURE

1. Clara Alden, Helen B. Sullivan and Donald D. Durrell, "Frequency of Reading Disabilities," Education, 62:32-39, September, 1941.
2. Bender, Lauretta, "Neuropsychiatric Contributions to the Mental Hygiene Problems of the Exceptional Child," Mental Hygiene, 12:624-630, October, 1942.
3. Blanchard, Phyllis, "Emotional Attitudes and Educational Disabilities," Mental Hygiene, 13:550-563, July, 1929.
4. Blanchard, Phyllis, "Reading Disabilities in Relation to Maladjustment," Mental Hygiene, 12:772-788, October, 1928.
5. Damerau, Ruth, "Influence of Treatment on Reading Ability and Behavior Disorders of Reading Disabilities Cases," Smith College Studies in Social Work, 5:160-183, Dec., 1934.

6. Dearborn, Walter F., "Nature and Causation of Disabilities in Reading," Chicago: University of Chicago, Supplementary Educational Monography, No. 49, November, 1939.
7. Durrell, Donald D., "Reading Disabilities in Intermediate Grades," Unpublished Doctor's Dissertation, Graduate School of Education, Harvard University, 1930.
8. Font, Marion, "Orientation in Clinical Approach Through Remedial Reading Instruction," Journal of Orothopsychiatry, 12:324-330, April, 1942.
9. Gates, Arthur, "Viewpoints Underlying the Study of Reading Disabilities," English and Elementary Review, 12:85-90, April, 1935.
10. Gibletin, Catherine, "Remedial Reading as a Tool in Social Work," Delaware State Medical Journal, 13:138-141, July, 1941.
11. Ginsburg, Ethel, "The Social Worker Looks At The School," Journal of Orthopyschiatry, 9:33-39, October, 1939.
12. Hincks, Elizabeth, "Disability in Reading and Its Relation to Personality," Harvard Monographs in Education,
13. Jastak, Joseph, "Understanding the Non-Reader," Mental Hygiene, 23:228-240, April, 1939.
14. Ladd, Margaret, "Relation of Social, Economic and Personal Characteristics to Reading Ability," New York: Teachers College Columbia University, 1933.
15. Levy, David M., "Relation of Maternal Overprotection to School Grades and Intelligence Tests," Journal of Orthopsychiatry, 3:27-34, January, 1933.
16. McCallister, James, "The Effectiveness of Remedial Instruction in the Junior High School," School Review, 39:97-111, February, 1931.
17. Nelson, Louise, "A Medical Problem that Became a Psychological Problem," Mental Hygiene, 15:242-254, April, 1931.
18. Newell, Nancy, "For the Non-Readers in Distress," Elementary School Journal, 32:183-195, November, 1931.
19. Olson, M. Ingeborg, "Traits and Treatment of Patients in Reading Disability Cases Known to a Child Guidance Clinic," Abstract of Thesis, Smith College Studies in Social Work, 9:154-155, December, 1938.
20. Overby, Annette P., "Home Attitudes Related to Learning Difficulties," The Newsletter, 2:1-5, Winter, 1940.
21. Palmeter, Helen Louise, "Treatment of Children with Reading Disabilities by the Visiting Teacher," Smith College Studies in Social Work, 9:155-156, December, 1938.
22. Quinn, Lester, "Reading Problems, Their Causes and Effects," Texas State Medical Journal, 37:428-430, October, 1941.
23. Ridenour, Nina, "The Treatment of Reading Disability," Mental Hygiene, 19:387-397, July, 1935.

24. Sewall, Mabel, "Studies in Sibling Rivalry," Some Causes of Jealousy in Young Children, Smith College Studies in Social Work, I:5-22, September, 1929.
25. Sherman, Mandel, "Emotional Disturbances and Reading Disability," Chicago: Department of Education, University of Chicago, Recent Trends in Reading, No. 49, November, 1939.
26. Soles, Edward M., "Emotional Factors in Reading Disabilities," Hygeia, 19:940-942, November, 1941.
27. Strang, Ruth, "Remedial Reading for High School Students," High School Journal, 25:28-34, January, 1942.
28. Tulchin, Simon, "Emotional Factors in Reading Disability," Journal of Educational Psychology, 11:443-453, September, 1935.
29. Welking, S. Vincent, "Personality Maladjustment as a Causative Factor in Reading Disability," Elementary School Journal, 42:268-277, December, 1941.
30. Paul Witty and David Kopel, "Emotional Factors in Reading Disability in School Children," Journal of Educational Psychology, 26:443-454, September, 1935.
31. Wolfe, Lillian S., "Differential Factors in Specific Reading Disability," Journal of Genetic Psychology, 58: 45-49, March, 1941.

APPENDIX

SCHEDULE

Name

Referral Problem
Referral Source

Age
Sex
I.Q.
School grade

Family Constellation
Developmental History
Habits
School History
Recreational Interests
Companionship

Home Environment
Economic Level
Parentage

Father
Age
Personality
Education
Occupation

Mother
Age
Personality
Education
Occupation

Family Interrelationships

Marital Relationship
Discipline
Father-child Relationship
Mother-child Relationship
Sibling-child Relationship

F.J.B.&Co.
NOV. 1943
BINDERS

BOSTON UNIVERSITY
1 1719 02478 3468